



COMMUNITY DEVELOPMENT DEPARTMENT

(760) 770-0340
Fax - (760) 202-1460
68-700 Avenida Lalo Guerrero
Cathedral City, CA 92234-7031

(Staff Use Only)

Case No.:

- ☐ New Permit
☐ Renewal

Medical Cannabis License Application

GENERAL INFORMATION

- ☐ Medical Cannabis Dispensary
☐ Medical Cannabis Cultivation Facility
☐ Medical Cannabis Combined Facility
☐ Medical Cannabis Manufacturing

Business Name (or proposed fictitious business name)

Tax Identification Number

Street Address of Proposed Dispensary Location

Telephone Number (If available)

Legal Description of Property

** Please note, dispensaries are prohibited within 600 feet from any school, child care or day care facility, or youth center; and, at least 250 feet from East Palm Canyon Drive or a residential zone as defined by the City's Zoning Ordinance and dispensaries are only allowed in I-1 Light Industrial, CBP-2 Commercial Business Park District and the PCC Planned Community Commercial District zoning areas.*

*** Please note, cultivation facilities are prohibited 600 feet from any school, child care or day care facility or youth center, and 300 feet from a residential zone as defined by the City's Zoning Ordinance and cultivation facilities are only allowed in I-1 Light Industrial, CBP-2 Commercial Business Park District, PCC Planned Community Commercial District and the OS Open Space zoning areas.*

****Please note, Manufacturing Facilities are allowed in I-1 Light Industrial Zoning District.*

If Dispensary or Cultivation facility is located within a multi-tenant building, please list other businesses:

Name and Type of Business

Name and Type of Business

Name and Type of Business

Name and Type of Business

CHECK TYPE OF OWNERSHIP:

- ☐ Sole Proprietorship
☐ Limited Partnership
☐ General Partnership
☐ Corporation
☐ Other _____

APPLICANT INFORMATION

Name of Individual Completing the Application

Telephone Number

Mailing Address

PROPERTY OWNER

Name

Telephone Number

Mailing Address

COMPLETE THE SECTION BELOW THAT IS APPLICABLE TO THE FORM OF OWNERSHIP

SOLE PROPRIETORSHIP

Legal Name

Alias, if any

Telephone Number

Mailing Address

Date of Birth

Social Security Number

Driver's License Number

PARTNERSHIP

Name of Partnership

List each General Partner:

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

Legal Name

Alias, if any

Date of Birth

CORPORATION

Name of Corporation

List each Corporate Officer and/or Director:

Name and Title

Name and Title

Name and Title

Name of Corporate Agent for Service of Process

EMPLOYEES, INDEPENDENT CONTRACTORS AND VOLUNTEERS

Provide on a separate sheet of paper the name and address of any person who is managing or responsible for the Medical Cannabis dispensary of cultivation related activities, the names and addresses of any employees, independent contractors or volunteers, if any, and a statement as to whether such person or persons has or have been convicted of a crime(s), the nature of such offense(s), and the sentence(s) received for such conviction(s).

Estimate size of the group of primary caregivers and/or qualified patients:

Number of Primary Caregivers _____

Number of Qualified Patients _____

Will delivery service be provided? _____ Yes _____ No

If yes, please describe the extent of the delivery service:

Will cannabis be cultivated on site? _____ Yes _____ No

If yes, please provide the contact information of the person(s) who will be cultivating the cannabis:

Name, Address, Telephone

Name, Address, Telephone

Name, Address, Telephone

Name, Address, Telephone

Has the applicant or any other individuals identified in the application, excluding any agent for service of process who is not also listed as a director or officer, ever had a Cathedral City dispensary or cultivation Conditional Use Permit denied, suspended or revoked? (If yes, list the name and location of the subject Dispensary/Cultivation site and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

Has the applicant or any other individuals identified in the application had an interest (as director, officer, sole proprietor, or general partner) in a medical cannabis dispensary or cultivation business for which a Cathedral City Conditional Use Permit was denied, suspended or revoked? (If yes, list the name and location of the subject dispensary business and the date of denial, suspension or revocation) YES ☐ NO ☐

Business Name/Location

Date

DECLARATION OF APPLICANT

The undersigned declares under penalty of perjury, under the law of the State of California, that the foregoing information set forth in this application and in its attachments is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of the application or subsequent revocation of the permit.

Signature

Date

Signature

Date

The undersigned authorizes the Community Development Director of the City of Cathedral City to seek verification of the information contained within this application and authorization for the Chief of Police or his/her designee to conduct background checks as set forth in Section 9.108.090.

Signature

Date

Signature

Date

The undersigned received, read, reviewed, and understand all of the requirements of the City of Cathedral City regarding the operation and management of medical cannabis dispensaries or cultivation facilities within the City, and it is unlawful and it shall be a public nuisance subject to the provisions of Chapter 13.90 of the Cathedral City Municipal Code, to establish, maintain, or operate a Medical Marijuana Dispensary or Cultivation related facility within the City without complying with the provisions of and having received a Conditional Use Permit as required under Chapter 9.108 and 9.72 of the Municipal Code.

Signature

Date

Signature

Date

DETERMINATION OF APPLICATION (staff use only)

Action Taken: ☐ APPROVED ☐ DENIED

Planning Commission Approval Date: _____

Grounds for Denial: _____

Approved/Denied By: _____ Date: _____

Date/Time Received:	Received By:	Amount Received:	Receipt No(s).:
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